

## TRAVEL EXPENSE REPORT

Children's Hospital Boston



Please refer to Children's Hospital Travel Policy stored under Intranet/Workspace/Finance/Travel Policy, which has guidelines that apply to all business travel.

Traveler Name	Jennifer Zilk	Employee ID #	[REDACTED]
Mailing Address	Ext. 50400		
City	Carisle	State	MA Zip 01741
Department	Developmental Med		
Purpose of Trip	Position Research Asst. CNS meeting in Chicago		
Destination	Chicago, IL	Date of Departure	3/31
(City / State / Foreign Country)	Date of Return 4/3		
<b>EXPENSES</b> (Please attach original receipts & itemized bills)			
Transportation - Air - Between _____ and _____ Round trip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ 557.20
Airline Ticket Class:			
Other (specify)			
Lodging (specify gratuities)			
Meals (actual cost up to daily maximum)	125.00		
Seminar / Meeting fees	CNS meeting		
Other expenses (itemize ground transportation, etc.)	CNS meeting cost 65.00		
Traveler's Signature	Date	Total Expenses	\$ 747.20
		Total Authorized	\$ 747.20
4/9/12		Grand Total Trip Expense (Prepaid & Paid by Employee)	\$ -
		Less: Advance Received / Prepaid	\$ -
		Amount Due to/from Employee	\$ 747.20

## CHARGE TO:

BUSINESS UNIT (GENPD, IDEFD, RSTFD, MEDCR, WALMC)	ACCOUNT	DEPT. ID	PROJECT ID	PRODUCT	AMOUNT
RSTFD	715010	41240	70289	01	\$ 747.20

**APPROVALS** If this travel is being charged to a sponsored research fund or other grant, contract or written agreement, the PI's or authorized administrator's approval signature is certification that the traveler has worked on this project and that the trip is appropriate to the project.

	SIGNATURE	PRINT LAST NAME	EMPLOYEE ID #	DATE
Manager			6 DIGIT	
Director				
Vice President				
Restricted Funds (RSTFD/IDEFD)	GAB	127618	4/5/12	

03B70 2/08 25/PKG





